### Today's Date: \_\_\_\_\_

de Ability Deuticinetien

	ty Participation Form	Check at least one of the following:
<b>REGISTRATION and Current Contac</b>		Trained Volunteer
Name:		Volunteer In-Training
Address:		Student/ClientSibling Parent or Guardian of a client
Phone: (Home)	(Cell)	Personal Care Attendant (PCA)
Email:		Group home staff
Class/Event participating in:		OneTimeFunTime Activity
Description of any special needs:		Horse Care&Exercise
Description of any special training:		Participating in an Event
		Spectator/Visitor to RideAbility
Liability Release to RideAbility the org		note in the Dide Ability equine
I: (print full name) assisted activity program. I have been informed		
potential for risks of horseback riding and working		
daughter/my custodial child) are greater than the r		
assigns, executors or administrators, waive and re		
Directors, Instructors, Therapists, Aides, Horse ov		
I/(my son/my daughter/my custodial child) may su	astain while participating in RideAbility affili	ated classes, activities and special
events of any kind.		_
Signature:	]	Date:
If under 18 years of age (or if not responsible for self		
Liability Release to owners of hosting p		
I: (print full name)		
while on the property, Promised Meadows Fa		
any kind of accident while on this property. <u>I will</u>		
<i>property</i> . I hereby, intending to be legally bound forever all claims for damages against: Jim and Je		
daughter/my custodial child may sustain while on		
10038 County Road 5 NW Pine Island, MN).		
	]	Date:
Signature: If under 18 years of age (or if not responsible for self	) a guardian must sign:	
Photo and Publicity Release:	<i>c c</i>	
I consent to and authorize the use and reprodu	iction of any and all photographs, videos	and any other audiovisual
materials taken of me/my son/my daughter/m		
any other use for the benefit or promotion of	the RideAbility program or other equine-a	assisted activities and therapies.
Check one:		
I consent to the above photo release.		
I consent to the photo release, but I p		
responsibility of communicating my desir	e for no photographs or videos to staff	f, volunteers and guests.
I do not consent. I understand I must m	eet with the director to set up accommoda	ations.
I do not intend to hold RideAbility liable	e for photographs or videos accidentally ta	aken or taken by guests.
Signature:	]	Date:
Signature: If under 18 years of age (or if not responsible for self	) a guardian must sign:	
The 3 signatures above are requested for	all persons at the RideAbility Barn, in	cluding guests & spectators.
Statement of Confidentiality		
<u>Statement of Confidentiality:</u> I understand the importance of respecting all indiv	viduals I work with in the RideAbility program	n Lagree to keep confidential all
knowledge of the medical conditions, emotional c		
-		Date:
	· · · · · · · · · · · · · · · · · · ·	

 

 Signature:
 Date:

 RideAbility Training completed:
 (checklist on reverse side)

 I have completed the RideAbility mandatory training & orientation. I understand the program's guidelines, rules and expectations.

 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **RideAbility training and orientation checklist:**

- \_\_ Program history and philosophy (Began in 1997, family centered, fun for all, SAFETY EMPHASIS)
- \_\_\_ Respect (People first philosophy and all students, families and volunteers should be respected)
- \_\_ Confidentiality (Opinions should stay here, no gossip, do not pass-long medical info, sign a statement of confidentiality)
- \_\_\_\_ Liability Release (MN Equine Liability Law protects volunteers from being liable for injuries, also general liability insurance)
- \_\_\_ Facility (Know where to park, watch your children, use garbage cans, locate: sound system, phone, first aid kit, lost & found)
- \_\_ Refreshments (Water jug, bring your own bottled water/soda, Brownies! Hotdogs! You can volunteer to bring treats!)
- \_\_\_\_ Absences (Sign-off on white board ahead of time or notify the barn as soon as possible so we can find backups)
- \_\_\_ Bad Weather (Do not come if you feel unsafe, leave early if you feel you need to it is your decision!)
- \_\_\_\_ Volunteer Attire (Required: Sturdy shoes no sandals, Recommended: bug spray, name tags, tighter clothing)
- \_\_\_\_\_ Student Attire (Required: ASTM/SEI certified helmets & long pants, Recommended: sturdy shoes with heel) RideAbility requirement: all mounted riders will use ASTM/SEI certified helmets
- **Tack** (Well fitted saddle, safety stirrups, halter with reins or bridle, lead rope, cinch safety checked 3 times)
- RideAbility requirement: all mounted riders will use safety stirrups OR boots w/leather sole & heel OR no stirrups at all
- \_\_\_\_ Horse handling (Horses tied in the arena, no one is allowed in the arena except for their assigned tasks)
- \_\_\_\_ Mounting/Dismounting (Mounting ramp procedures, dismount at instructor's direction, watch an emergency dismount)
- \_\_\_\_ Teams (Posted on board, work with student before entering the ring, enhancing student accomplishments)
- \_\_ Curriculum (Five week basic outline: 1-Evaluation 2-Safety 3-Communication 4-Balance 5-Fun&Games)
- \_\_ Class Lesson Flow (Lesson plan: prayer, mounting, safety checks, warm-up, horsemanship, games, cool-down, dismount)
- \_ Side walker training (3 basic holds plus variations, learning about your student, constant feedback to program)
- \_\_\_\_ Fundraising (1- Letters/sponsors 2-BarnDance 3-County Fair 4-Raffles 5-OnLine 6-WineTasting, miscellaneous & other Fun!)
  → RideAbility online training videos completed through the RideAbility website at www.rideability.org

#### **Emergency contact information:**

Who should we contact in an emergency:	Phone number:
NOTICE: RideAbility insurance does not include medi	cal coverage for clients, volunteers or visitors.
Please provide personal health insurance information:	Date of last Tetanus Shot:

Health Insurance Provider:	Policy Number:
DOWN SYNDROME ONLY: ANNUAL EXAMINATION FOR A	tlantoAxial INSTABILITY COMPLETED/DATE APPROVAL GIVEN:

Liability Release regarding exposure to infectious disease: I/We do take full responsibility for exposure to (and medical bills related to) infectious disease for myself (& ourselves, our family, our guests and our custodial children). We understand and acknowledge the risk of exposure to contagious and infectious diseases. However, I/We feel that the possible benefits to myself/(my son/my daughter/my custodial child) are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against: RideAbility and - its Board of Directors, Instructors, Therapists, Aides, Horse owners, Volunteers and/or Employees for any and all diseases & contagions that I/(my son/my daughter/my custodial child) may be affected by while participating in RideAbility affiliated classes, activities and special events of any kind. Signature:

#### Minnesota Equine Liability Law: Sec. 3 (604A.12) LIVESTOCK ACTIVITIES: IMMUNITY FROM LIABILITY.

Subdivision 1.Definitions. (a) For purposes of this section, the following terms have the meanings given them.

(b) "Inherent risks of livestock activities" means dangers or conditions that are an integral part of livestock activities, including: (1) the propensity of livestock to behave in ways that may result in death or injury to persons on or around them, such as kicking, biting or backing; (2) the unpredictability of livestock's reaction to things like sound, sudden movement, unfamiliar objects, persons or other animals; (3) natural hazards such as surface or subsurface conditions; or (4) collisions with other livestock or objects. (c)"Livestock" means cattle, sheep, swine, horses, ponies, donkeys, mules, hinnies, goats, buffalo, llamas or poultry. (d)"Livestock activity involving the maintenance or use of livestock, regardless of whether the activity is open to the general public, provided the activity is not performed for profit. Livestock activity includes: (1) livestock training or teaching activities; (5) boarding, shoeing or grooming livestock; or (6) riding or inspecting livestock or livestock equipment. (e)"Livestock activity sponsor" means a person who sponsors, organizes or provides the facilities for a livestock activity that is open to the general public. (f)"Participant" means a person who directly and intentionally engages in a livestock activity. "Participant" does not mean a spectator who is in an authorized area.

Subdivision 2. Immunity from Liability, except as provided in subdivision 3, a nonprofit corporation, association, or organization, or a person or other entity donating service, livestock, facilities, or equipment for the use of a nonprofit corporation,

# association, or organization, is not liable of the death or an injury to a participant resulting from the inherent risks of livestock activities.

**Subdivision 3. Exceptions,** Subdivision 2 does not apply if any of the following exist: (1) the person provided livestock for the participant and failed to make reasonable efforts to determine the ability of the participant to safely engage in the livestock activity, or to determine the ability of the participant to safely manage the particular livestock based on the participant's representations of the participant's ability; (2) the person provided equipment or tack for the livestock and knew, or should have known, that it was faulty to the extent that it caused injury or death; (3) the person owns or leases the land upon which a participant was injured or died because of a man-made dangerous latent condition and failed to use reasonable care to protect the participant; (4) the person is a livestock activity sponsor and fails to comply with the notice requirement of subdivision 4; or (5) the act of omission of the person was willful or negligent.

Subdivision 4. Posting Notice, A livestock activity sponsor shall post plainly visible signs at one or more prominent locations in the premises where the livestock activity takes place that include a warning of the inherent risks of the livestock activity and the limitation of liability under this section.

#### I have read and/or been informed of the Minnesota Equine Liability Law.

Signature: \_

Date: \_\_\_\_\_